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|--|-----------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR | Your social security number |
|--|-----------------------------|

|   |     |  |
|---|-----|--|
| 16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....   | 16b |  |
| 17 a RI 2019 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....  | 17a |  |
| b 2019 estimated tax payments and amount applied from 2018 return ....  | 17b |  |
| c Nonresident withholding on real estate sales in 2019.....   | 17c |  |
| d RI earned income credit from page 3, RI Schedule EIC, line 38.....  | 17d |  |
| e Other payments.....   | 17e |  |
| f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....   | 17f |  |
| g Previously issued overpayments (if filing an amended return).....   | 17g |  |
| h NET PAYMENTS. Subtract line 17g from line 17f.....  | 17h |  |
| 18 a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....  | 18a |  |
| b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form)<br>This amount should be added to line 18a or subtracted from line 19, whichever applies.....       | 18b |  |
| c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️   | 18c |  |
| 19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... 😊 | 19  |  |
| 20 Amount of overpayment to be refunded.....  | 20  |  |
| 21 Amount of overpayment to be applied to 2020 estimated tax.....   | 21  |  |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                         |  |       |                  |
|-------------------------|--|-------|------------------|
| Your signature          | Your driver's license number and state     | Date  | Telephone number |
| Spouse's signature      | Spouse's driver's license number and state | Date  | Telephone number |
| Paid preparer signature | Print name                                 | Date  | Telephone number |
| Paid preparer address   | City, town or post office                  | State | ZIP code PTIN    |

May the Division of Taxation contact your preparer? YES